



STATE OF MARYLAND

## DHMH PRESS RELEASE

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### FOR IMMEDIATE RELEASE

#### **Maryland Launches Health Care Innovations Website**

*Database highlights creative programs to enhance care, improve health and cut costs*

Baltimore (January 10, 2012) – Lt. Governor Anthony Brown and the Department of Health and Mental Hygiene (DHMH) today announced the launch of a new Health Care Innovations website to highlight efforts across Maryland to enhance patient care, improve health and control costs.

“These programs are leading the way towards a health care system that saves money through coordinated care and prevention,” said Lt. Gov Anthony Brown. “Maryland’s innovative spirit is our greatest resource in confronting health care challenges.”

The Innovations website, <http://dhmh.maryland.gov/innovations/>, features a database of programs developed and implemented by Maryland’s consumers, hospitals, clinicians, insurance plans and community groups working together to address critical health care challenges. The goal of highlighting innovations from around the state is to help foster more innovation, and to link programs with potential partners, such as linking a clinically innovative program with an innovative financing mechanism.

“If we are to accomplish our goal of improving the health of Marylanders while reducing health care costs, we must promote innovative strategies in payment and care,” said Dr. Joshua M. Sharfstein, Secretary of DHMH. “The Innovations website highlights promising programs and will help them to expand their reach in the state.”

The innovations featured on the site fall into three categories:

- **Clinical Innovations** – These include health care and community strategies that prevent illness and complications, and reduce health care costs through novel approaches to supporting patients. For example, the University of Maryland School of Pharmacy program, in collaboration with the Maryland Pharmacists Association and DHMH Office of Chronic Diseases, has the Maryland P3 (Patients, Pharmacists, Partnerships) Program, in which specially trained clinical pharmacists work with patients with diabetes, hypertension and hyperlipidemia to provide step-by-step guidance in medication adherence, lifestyle changes, and self-care skills.

- **Financial mechanisms** – These include approaches to paying for care that reward providers for keeping their patients healthier and provide incentives for wellness strategies that reduce the need for expensive acute care services. For example, Calvert Memorial Hospital’s Connecting Patients with Medical Homes program identifies patients who are uninsured, underinsured patients, high risk, or have frequent hospitalizations or emergency department visits and helps connect them with primary care physicians and medical homes that can appropriately manage their care. The hospital receives a global budget or capitated payment that covers all inpatient and outpatient services provided by the hospital, providing an incentive to keep patients healthy and out of the hospital.
- **Integrated programs** – These include programs that combine clinical innovations with supportive financing mechanisms to meet the goals of the Triple Aim: improvement of population health, enhancement of patient care, and reduction of cost. For example, the Johns Hopkins Bayview Medical Center’s ElderPlus program provides all-inclusive coordination of preventive, primary, acute, and long-term care services for a nursing home-eligible population, allowing them to remain living independently while maximizing support services and reducing the need for hospitalization. CMS pays Hopkins ElderPlus an upfront, risk-adjusted, per member monthly fee in exchange for all-inclusive care for the seniors enrolled in the program.

In order for an innovation to be featured on the website, the innovation must be a formal project or program in the state of Maryland that offers a new healthcare service, system of care delivery, payment structure, or business model and seeks to improve population health, enhance the patient experience or reduce costs. Each program must also evaluate outcomes or cost.

The website will support the work of the Health Delivery Reform Subcommittee of Maryland’s Health Care Reform Coordinating Council. This diverse group is seeking to promote effective and efficient health care innovation in Maryland. The [site](#) is a living database, and programs that would like to be considered for inclusion can follow the site’s instructions to submit materials.

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